

Macomb County Housing Development Application

Application Due in MCPED by 4:30 pm, January 13, 2012

Attach numbered responses, where necessary, on separate sheets of paper.

1. General Information:

Corporate Name: _____

Executive Officer: _____

Contact Person / Title: _____

Phone Number: _____ Fax: _____ e-mail: _____

Tax Identification #: _____ Corporate DUNS #: _____

Type of Business: Private-For Profit _____ Private Non-Profit _____ Public Non-Profit _____

If for-profit, incorporated as: _____ S or C Corporation _____ LLC _____ Other (Explain)

If Non-Profit, is your organization tax-exempt? (If yes, attach IRS letter) Y N

Is your organization sectarian? Y N

Identify other partners in the project and indicate whether they are for-profit or non-profit entities.

2. Project Information:

RFP Objective #1 Acquisition / Repair Foreclosed Single Family Homes (NSP) _____

RFP Objective #1 Acquisition / Repair of Single Family Tax-Foreclosed Homes (HOME) _____

RFP Objective #2 Special Needs Housing (NSP/HOME) _____

RFP Objective #3 Repair or New Construction of Rental Housing (NSP/HOME) _____

Describe the proposal, its purpose, the required funding types and amounts, and the proposed use for each type of funding:

3. Capacity: Document your firm's...

- a) understanding of, and ability to comply with, Federal housing program requirements,
- b) ability to meet program spending and completion deadlines,
- c) ability to provide housing that meets Federal, State, and County habitability standards,
- d) ability to develop the project, with narratives pertaining to the ownership and managerial functions of the firm(s) involved.
- e) ability to complete the project on time by providing a detailed and firm implementation schedule including obtaining site control, pre-development activities, start of construction, 50% completion date, 100% completion date, sale (ownership), marketing and lease up (rental). Include all necessary applications and approvals in preparing the schedule.
- f) capacity by identifying other, similar projects undertaken in the past. Provide addresses and references, and indicate whether the properties are available for inspection.
- g) capacity by demonstrating that it has (if applicable) effectively and quickly implemented previous Macomb County grant awards. Identify any unspent grant balances as of 1/1/12.

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4. Feasibility: Provide/describe as appropriate...

- a) a development pro forma including the sources and uses (total costs), also express costs on a per unit basis. Include carrying costs, and costs for marketing and lease-up. Developers are prohibited from making a profit under NSP rules but may charge a reasonable management fee.
- b) an Operations Pro Forma (for special needs and rental projects), demonstrating project viability over time.
- c) evidence of firm financial commitment for non-County project costs.
- d) any and all assumptions made in developing the pro forma(s).
- e) (for rental projects) your marketing strategy.
- f) (for rental projects) the management agent and evidence of that firm's capacity to effectively manage rental units over time. List projects, addresses and references.
- g) your firm's experience with, and knowledge of, HUD (or other similar) affordable housing programs, particularly assisted housing, HOME, and Neighborhood Stabilization.
- h) Document your capacity to implement the project in a timely and compliant manner by providing an organizational chart, and describe the roles, responsibilities, and qualifications of key staff.

5. Proposal Summary: (Location, Cost, Impact, Affordability)

- Project Location: _____ Target Population: _____
- Projected Total # Units _____ # Mod Units: _____ # VLI Units: _____
- Projected per unit development cost: \$ _____
- Total Development Cost \$ _____ Affordability Period: _____ yrs.

6. Describe, if applicable, how the proposal will continue and/or complete an existing Macomb County affordable housing initiative.

SIGNATURE OF AUTHORIZED OFFICIAL

Signature: _____ Date _____

Typed Name & Title: _____

I am authorized to sign this application on behalf of (applicant) _____ and certify that its contents are, to the best of my knowledge, true and accurate. I understand that the willful submission of false or misleading information will result in a disqualification of this application and a denial of funding.

STATE OF MICHIGAN, MACOMB COUNTY ss:

The foregoing instrument was acknowledged before me this _____ (date) _____, 2012

By _____

Notary Public
State of Michigan
County of Macomb

My Commission Expires _____

Acting in the County of Macomb